

<b>MONITORING REPORT</b> <b>ADULT DAY CARE AND ADULT DAY HEALTH</b>
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DATE OF VISIT: \_\_\_\_\_

I. PROGRAM: \_\_\_\_\_ COUNTY: \_\_\_\_\_

II. TYPE OF VISIT: ( ) Announced ( ) Unannounced TIME OF VISIT: \_\_\_\_\_

III. ENROLLMENT: # Full-time \_\_\_\_ # Part-Time \_\_\_\_ Month Reviewed \_\_\_\_\_

ATTENDANCE: # Participants at time of visit \_\_\_\_ # of Staff \_\_\_\_\_

IV. CONCERNS FROM PREVIOUS VISIT: \_\_\_\_\_

\_\_\_\_\_

Have these concerns been resolved? ( ) YES ( ) NO (If no, complete DSS Form 6215)

V. AREA REVIEWED:

<b>Governing Body</b> [10A NCAC 06R .0301 and 06S .0201] – <u>Standards</u> , Pages 2 – 3
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Yes No

Governing body or operator carries out responsibilities as specified, including:

( ) ( ) Approval of the organizational structure (Centers only).

( ) ( ) Adoption or development of annual budget.

( ) ( ) Regular review of financial status, including annual budget, monthly accounts of income and expenditures to reflect against budget, and annual audit for Centers; or maintenance of monthly accounts of income and expenditures for homes.

( ) ( ) Appointment of Program Director for Centers.

( ) ( ) Establishment of written policies regarding operation in direct and understandable language, which includes the following:

□ Program Policy Statement;

□ Personnel Policies;

□ Any other policies deemed necessary, such as arrangement with other agencies and organizations.

<b>Policy Statement</b> [10A NCAC 06R .0302, .0501, .0505(e), .0506, and .0507 and 10A NCAC 06S .0202 and .0401,] – <u>Standards</u> , Pages 3-5
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Yes No

( ) ( ) Program has goals in writing and consistent with the definition of adult day services.

( ) ( ) Enrollment criteria and procedures are flexible, specific, and provide for discharge of participants who can no longer be served.

( ) ( ) Hours and days of operation set to meet the needs of participants and families.

( ) ( ) Care and services provided throughout all hours participants are present.

( ) ( ) Program in operation a minimum of six (6) hours each day, five (5) days per week, with exceptions noted.

( ) ( ) Attendance schedules for participants accommodate caretakers schedules.

( ) ( ) Types of services provided are identified, including transportation.

( ) ( ) Policy on medications is included.

*Continued on Back*

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes or No. If no, provide explanation.

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**Governing Body and Policy Statement (Continued)**

VI. COMMENTS/CONCERNS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach an additional sheet if needed*

VII. PROGRAM DIRECTOR'S COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. Continued by ( ) DSS-6215 ( \_\_\_\_ # of forms)

IX. Signatures:

\_\_\_\_\_  
Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date